



*Specific Instructions for the Completion of  
FISCAL YEAR 2022  
RESIDENTIAL CARE (RC)  
REQUEST FOR REVISION REPORT*

For assistance with the completion of the Request for Revision Report, contact the Provider Finance Department Customer Information Center at [PFD-LTSS@hhsc.state.tx.us](mailto:PFD-LTSS@hhsc.state.tx.us) or 512-424-6637.

For assistance in submitting the electronic Request for Revision Report, contact the Provider Finance Department Help Line at [costinformationPFD@hhsc.state.tx.us](mailto:costinformationPFD@hhsc.state.tx.us) or (512) 438-2680.

## Purpose

The purpose of the Request for Revision Report (RFR) is to collect information for the Texas Health and Human Services Commission (HHSC) to use in determining if a provider met a higher attendant compensation level for the reporting period than the level it met on its most recently audited report functioning as its fiscal year 2019 Cost or Accountability Report.

## Who must complete this report?

All providers requesting a revision of their enrollment limitation for the fiscal year 2022 enrollment period (September 1, 2021 – August 31, 2022) must complete this report.

## General Instructions

Except where otherwise noted, this report is governed by all rules and instructions pertaining to the completion of your RC Cost Report. Refer to:

- Cost Determination Process rules at Title 1 of the Texas Administrative Code (TAC)
- §355.101-355.110;
- Attendant Compensation Rate Enhancement rules at 1 TAC §355.112;
- Residential Care Program-Specific Rules at 1 TAC §355.509 and §355.503;
- Training for the 2019 and 2020 Cost Reports; and
- Specific Instructions for the completion of the 2020 RC Cost Report.

## Due Date

This report is due to HHSC by **July 31, 2021**. The RFR report is now online.

If the RFR report is not submitted by the due date, the enrollment limitation specified on the fiscal year 2022 "Enrollment Limitation List" will apply.

## Website

An electronic version of the 2022 Request for Revision Report is available on our website at: <https://pfd.hhs.texas.gov/long-term-services-supports>

Once you enter the website, click on the link to "Residential Care", then scroll down to the heading "Rate Enhancement – Attendant Compensation", and click on "View 2022 Rate Enhancement – Attendant Compensation information." Then under the heading of "2022 Enrollment Limitations Information," click on "View the Request for Revision Report and Instructions" and select "Complete the RFR".

## **Reporting Period**

The reporting period is September 1, 2021 through April 30, 2022. The report must be completed for the entire reporting period.

## **Rounding Monetary Amounts**

All reported monetary amounts should be rounded to the nearest whole number (with no zeros included for "cents"). For example, \$25.49 should be rounded to \$25 and \$25.50 should be rounded to \$26. Request for Revision Reports submitted without proper rounding of monetary amounts may be returned for proper completion.

## **Rounding Statistical Amounts**

Statistical data (i.e., hours, units and miles) must be reported to two decimal places. For example, when reporting the hours paid for Priority attendants, 150 hours and 30 minutes would be reported as 150.50 hours and 150 hours and 20 minutes would be reported as 150.33 hours. RFRs submitted without appropriate decimal places may be returned for proper completion.

## **Accounting Method**

All information submitted on the report must be based on an accrual method of accounting, see 1 TAC §355.105(b)(1), except where otherwise specified. Governmental entities may report on a cash basis or modified accrual basis.

## **Cost Allocation Methods**

Refer to the Cost Determination Process Rules (1 TAC §355.102(j) and §355.105(b)(2)(B)(v)) for information concerning allowable allocation methods and requirements for adequate allocation summaries. Note that costs must be directly costed whenever reasonably possible. FICA/Medicare, unemployment, worker's compensation premiums and paid claims and employee health paid claims may be allocated to attendants based on salaries or direct costed. Health insurance premiums, life insurance premiums and other employee benefits must be direct costed. All paid hours, salaries and wages reported on the report must be directly charged according to payroll records and timesheets.

## Report Certification

Contracted providers must certify the accuracy of the Request for Revision Report submitted to HHSC. Contracted providers may be liable for civil penalties, criminal penalties and/or imprisonment if the Request for Revision Report is not completed according to HHSC requirements or if the information is misrepresented and/or falsified. Before signing the certification pages carefully read the certification statements to ensure that the signers have complied with the reporting requirements. The Methodology Certification advises preparers that they may lose the authority to prepare future reports if reports are not prepared in accordance with all applicable rules, instructions and mandatory training materials. **NOTE:** any report submitted without original signed Certification and Methodology Certification pages will be returned to the provider. Copies, faxes and e-mails will not be accepted.



# **Cover Sheet**

## **Contracted Provider Identification**

Each provider must complete the Contract Provider Identification section. Enter the name, address, phone number, fax number, and email address of the contracted provider.

## **Mailing Address**

Enter the mailing address for the Contracted Provider.

## **Contracting Entity Information**

Enter the Contracting Entity Name, the physical address, phone number, fax number and email address of the contracted provider.

## **Location of Accounting Records**

Enter the address of the location of your company's accounting records.

## **Contact Information**

Enter the contact name, title, organization, address, phone number, fax number and email address for the contact for your company. The contact person is the employee of the provider, contracting entity, controlling entity, parent company, sole member, governmental body or related-party management company that is designated to be contacted concerning information reported on the RFR. The contact person should be able to answer questions about the contents of your contract's RFR that arise during the HHSC Provider Finance Department's analysis process.

## **Preparer Information**

Enter the contact name, title, organization, address, phone number, fax number and email address for the preparer of this report.

## **General Information**

### **Texas County Code in Which Accounting Records are Located**

Report the 3-digit county code for the Texas County in which the accounting records and supporting documentation used to prepare this compensation report is located. Select your county code from the drop-down menu. If the accounting records are located outside the state of Texas, enter "999".

### **Preparer of this report attended the required annual Report Training last year.**

Check "Yes" if the Preparer attended the required training. Cost Report training attendance will be verified by HHSC Provider Finance Department. Reports submitted by preparers who have not completed the proper cost report training will not be considered acceptable reports. Such reports will not be processed until the required cost report training has been completed.

### **Total number of other State of Texas contracts**

If the contracting entity holds any other contracts that are participating in the Attendant Compensation Rate Enhancement, report the total number of contracts in the box provided and list the type of contract (i.e., PHC, CLASS, DAHS, DBMD) with its 9-digit contract number in the space provided. If you are completing this report for a group of contracts, list all of the contracts that are participating within the group and any additional contracts that are participants in the Attendant Compensation Rate Enhancement.

### **Address to send all future correspondence for this report**

Select the address to which you want all future correspondence concerning this report to be mailed. The two choices correspond to the addresses of the contracted entity and the contracted provider.

### **Owner-Employee or Other Related-Party Expenses**

- Check "Yes" if you are including the cost of owner-employees or other related party employees functioning as attendants on this report.
- Check "Yes" if you are including the cost of services purchased from a related party individual or organization on this report.

### **All Other State Contracts List**

If you indicated you had other State of Texas contracts, report the contract number and select the type of program from the drop-down list.

# Attendants

## Number of Miles Reimbursed

Report the number of miles reimbursed for RC attendants, medication aides, and drivers. The reimbursement per mile will be checked by HHSC against the maximum allowed by the state.

## Mileage Reimbursement

Report the mileage reimbursement paid to RC attendants, medication aides, and drivers. Refer to the DEFINITIONS section regarding mileage reimbursement. The amount of mileage reimbursement reported in this item will be divided by the number of miles reported to verify mileage reimbursement ceilings. Allowable mileage reimbursement cannot exceed the reimbursement rate applicable for the reporting period as set by the Texas Legislature for state employee travel.

## Paid Hours

Report the total number of hours paid for RC attendants, including hours for training, paid leave, or travel time between clients. The hours reported in this line item should reconcile to your payroll ledger for total hours worked. You must be able to provide a reconciliation between total hours paid for delivering services, total paid hours, and units of service provided, including a detailed explanation of the variances.

Report the total number of hours paid to other staff delivering RC attendant services. Do not include training, paid leave, or other paid hours in this item. Reported hours must be associated with allowable costs as defined in 1 TAC §355.103(b)(1). Report all hours to **two** decimal places.

Report the total number of hours paid to RC contracted attendants and contracted Other Staff delivering RC attendant services.

## Salaries and Wages

Report salaries and wages for RC attendants, medication aides, and drivers. Report accrued salaries and wages for other staff delivering RC attendant services. Report only salaries and wages for individuals employed by the provider for whom FICA contributions are made. See the DEFINITIONS section for the definition of an attendant and for requirements pertaining to staff members functioning in more than one capacity. Salaries and wages include overtime, bonuses, and taxable fringe benefits such as accrued/taken vacation, accrued/taken sick leave, and other allowances in accordance with 1 TAC §355.103(b)(1)(A)(iii)(II).

Report the total cost of contracted RC attendants. Report the cost of contracted other staff delivering RC attendant services.

### **Payroll Taxes – FICA and Medicare**

Report both FICA and Medicare taxes for RC attendants, medication aides, and drivers and other staff delivering RC attendant services.

### **Payroll Taxes - State and Federal Unemployment**

Report both federal (FUTA) and state (TUCA) unemployment expenses for RC attendants, medication aides, and drivers and other staff delivering RC attendant services.

### **Workers' Compensation – Insurance (WCI) Premiums**

If your contract, any of its controlling entities, or its parent company/sole member is a subscriber to the Workers' Compensation Act, report the WCI premiums paid to your commercial insurance carrier for RC attendants and other staff delivering RC attendant services. Premium costs include the base rate, any discounts for lack of injuries, any refunds for prior period overpayments, any additional modifiers and surcharges for experiencing high numbers of injuries (such as being placed in a risk pool).

If your contract, any of its controlling entities, or its parent company/sole member is not a subscriber to the Workers' Compensation Act, there are alternate insurance premium costs that can be reported in this item. Acceptable alternate insurance policies include industrial accident policies and other similar types of coverage for employee on-the-job injuries. Health insurance is not worker's compensation and should be reported in item for Employee Benefits - Health Insurance. If your commercially-purchased insurance policy does not provide total coverage and has a deductible and/or coinsurance clause, any deductibles and/or coinsurance payments made by the employer on behalf of the employee would be considered paid claims (i.e., self-insurance) and must be reported in item Worker's Compensation - Paid Claims.

### **Workers' Compensation - Paid Claims**

Report medical claims paid for employee on-the-job injuries for RC attendants, medication aides, and drivers and other staff delivering RC attendant services. If you were not a subscriber to the Workers' Compensation Act (i.e., traditional workers'

compensation insurance policy), and you paid workers' compensation claims for employee on-the-job injuries for the staff whose salaries and wages are reported above, report the amount of claims paid in this item. If you maintained a separate banking account for the sole purpose of paying your workers' compensation claims for employee on-the-job injuries (i.e., a nonsubscriber risk reserve account), the contributions made to this banking account are not allowable. Paid claims may be direct costed or allocated based upon payroll. If paid claims are allocated, an acceptable allocation summary must be attached.

### **Employee Benefits - Health Insurance**

Report employer-paid health insurance for RC attendants, medication aides, and drivers, and other staff delivering RC attendant services whose salaries and wages are reported above. Employer-paid health insurance premiums must be direct costed.

### **Employee Benefits - Life Insurance**

Report employer-paid life insurance for RC attendants, medication aides, and drivers, and other staff delivering RC attendant services whose salaries and wages are reported above. Employer-paid life insurance premiums must be direct costed.

### **Employee Benefits - Other Benefits**

Report any employer-paid disability insurance and retirement contributions for RC attendants, medication aides, and drivers, and other staff delivering RC attendant services whose salaries and wages are reported above. These benefits must be direct costed the contracted provider's unrecovered cost of meals and room-and-board furnished to direct care staff, uniforms, staff personal vehicle mileage reimbursement, job-related training reimbursements and job certification renewal fees are not to be reported as benefits; unless they are subject to payroll taxes, in which case they are to be reported as salaries and wages. Other than mileage reimbursement for client transportation, costs that are not employee benefits and are not subject to payroll taxes are not to be reported on the RFR; these costs may be reported on the provider's cost report in the appropriate items. In the space provided, describe the amount and type of each benefit comprising the total amount reported. Employee benefits must be reported in accordance with 1 TAC §355.103(b)(1)(A)(iii)(II).

# **Units of Service**

## **Residential Care Days**

Report the total number of resident days provided by your attendants, medication aides, and drivers for RC clients for whom you have received payments from HHSC or for whom you expect to bill HHSC and receive payment.

## **Private and Other Days (including STAR+PLUS)**

Report the total number of resident days provided by your attendants, medication aides, and drivers to all other clients, including STAR+PLUS.

# **Schedule A: Reserved for Future Use**

## **Schedule B:**

See 1 TAC §355.102(i) for specific details and requirements on related-party transactions.

The purchase of services from related organizations or related individuals by the provider or the provider's central office must be reported as related-party transactions on Schedule B.

Expenses in related-party transactions are allowable at the cost to the related organization; however, the cost must not exceed the price of comparable services that could be purchased elsewhere in an arm's-length transaction. The related organization's costs include all reasonable costs, direct and indirect, incurred in the furnishing of services to the provider. The intent is to treat the costs incurred by the supplier as if they were incurred by the contracted provider itself. Therefore, if a cost would be unallowable if incurred by the contracted provider itself, it would be similarly unallowable to the related organization.

**See the DEFINITIONS section for a definition of related-party.**

## EXCEPTIONS TO THE RELATED-PARTY RULE

An exception (1 TAC §355.102(i)(5)) is provided to the general rule applicable to related organizations if the contracted provider demonstrates on each report that certain criteria have been met. If **all of the conditions** of this exception are met, the charges by the related-party supplier to the contracted provider for such services are allowable costs. **The contracted provider must submit documentation either prior to or upon submission of the report to demonstrate that all of the following criteria have been met:**

- The supplying organization is a bona fide separate organization.
- A majority of the supplying organization's business activity is transacted with other organizations not related to the contracted provider.
- There is an open, competitive market for the type of services furnished by the related organization.
- The services are those that commonly are obtained by entities such as the contracted provider from other organizations and are not a basic element of contracted client care.
- The charge to the contracted provider is comparable to open market prices and does not exceed the charge made to others.

If Medicare has made a determination that a related-party situation does not exist or has granted an exception to the related-party definition, and you desire that HHSC accept that determination, you must submit a copy of the applicable Medicare determination, along with evidence supporting the Medicare determination for the current reporting period with each affected report. If the exception granted by Medicare is no longer applicable due to changes in circumstances of the contracted provider or because the circumstances do not apply to the contracted provider, HHSC can choose not to accept the Medicare determination.

### SECTION 1A

Complete this section if contract attendant/medication aide/driver services were purchased from a related organization (for related individuals, see Section 1B).

**Column A (Name of Related Party/Organization)** - Enter the name of the related party or organization. If the contracted provider is a proprietorship, the related organization could be the individual owner rather than a separate corporation. If the contracted provider is a partnership, the related organization could be one of the partners. Refer to the DEFINITIONS section for information regarding related parties.

**Column B (Percentage of Ownership)** - Enter the percent of the contracted provider owned by the related party. For example, if the contracted provider is a 50-50 partnership and the related party in Column A was one of the partners, the percentage of common ownership would be 50%. If the contracted provider is one "branch" of a central corporation and the related party in Column A was the central office, the percentage of common ownership would be 100%. If the contracted provider is a corporation and the related party in Column A was a stockholder with 2% of the stock, then the percentage of common ownership would be 2%.

The percentage of common ownership may be 0% if the related-party is deemed related due to control (including being a member of the contracted provider's Board of Directors) or the existence of an immediate family relationship (other than a spousal relationship in a community property state in which case the percentage of common ownership would be the same as the owner's/stockholder's). In situations where the percentage of common ownership is 0%, a properly cross-referenced attachment should explain how the individual meets the criteria as a related party.

**Column C (Description of Purchased or Leased Services)** - Describe the services purchased or leased from the related party.

**Column D (Cost to Provider)** - This amount should be the exact cost incurred (and paid within the acceptable accrual period) by the contracted provider for the purchased/leased services.

**Column E (Cost to Related Party/Organization)** - This amount should be the exact cost to the related organization and should be the amount reported on the report.

## **SECTION 1B**

Complete this section if contract attendant services were purchased from a related individual (for related organizations, see Section 1A). If the related individual is an employee of the contracted provider, a controlling entity, or other related party, do not complete this section, but rather complete Schedule C.

### **Column A (Name of Related-Party Individual)**

Enter the name of the person who is the related party. If the contracted provider is a proprietorship, the related party could be the individual owner. If the contracted provider is a partnership, the related party could be one of the (individual) partners. Only individuals should be listed in this column; services purchased from related organizations should be reported in Section 1A, not 1B. Refer to the DEFINITIONS section for information regarding related parties.

### **Column B (Percentage of Ownership)**

Enter the percent of the contracted provider owned by the related individual. If the contracted provider is a 50-50 partnership and the related party in Column A was one of the partners, the percentage of common ownership would be 50%. If the contracted provider is a corporation and the related party in Column A was a stockholder with 4% of the stock, then the percentage of common ownership would be 4%.

The percentage of common ownership may be 0% if the related-party is deemed related due to control (including being a member of the contracted provider's Board of Directors) or the existence of an immediate family relationship (other than a spousal relationship in a community property state in which case the percentage of common ownership would be the same as the owner's/stockholder's). In situations where the percentage of common ownership is 0%, a properly cross-referenced attachment should explain how the individual meets the criteria as a related party.

### **Column C (Description of Service Performed)**

Enter a description of the service performed.

### **Column D (Total Hours Worked in Program)**

Enter the total hours the related individual worked in the program during the entire reporting period. Itemized invoices and/or timesheets should substantiate the amount reported in this column. Dividing the total compensation received from Column E by the total hours worked from Column D should result in the average compensation per hour for the services described in Column C.

### **Column E (Total Compensation Earned)**

Enter the amount of compensation the related-party individual received during the reporting period for the services described in Column C. This amount should be the amount included in the report.

## Schedule C

This schedule must be completed by **every** contracted provider that has an owner-employee or other related-party employee acting as an attendant/medication aide/driver regardless of whether the owner-employee or other related-party employee received **any compensation** for their services during the reporting period.

For reporting purposes, an employee who meets the definition of a related party or an owner who is a sole proprietor, a partner owning 5% or more of the partnership, or a corporate stockholder owning 5% or more of the outstanding stock of the contracted provider must report their compensation on a Schedule C (these meet the definition of an "owner-employee").

If no compensation was paid, received, or properly accrued during the reporting period for an owner-employee or a related-party employee, provide an explanation in Part 1 - allocation method on why no compensation is being reported. Also, enter "0" as the amount in Part 2 - Associated Services Salaries & Wages section.

**An organizational chart must be submitted electronically** indicating the owner-employee's or the related-party employee's name and position within the organization. When organizational structures are composed of several corporations and the owner-employee and/or other related-party employee is associated with more than one of the corporations, it is necessary to submit at least two organizational charts: one picturing the entire organizational structure of various corporations and one detailing the organizational structure of the corporation providing the services covered by the specific Request for Revision Report.

### ***Allowable Compensation (see 1 TAC §355.103(b)(2))***

Allowable compensation for an owner-employee or other related-party employee is governed by the principles that the services rendered are necessary functions, that the compensation is for the reasonable value of services rendered, that the compensation is not based on profitability, and that the services performed do not duplicate those performed by another employee of the facility.

A function is deemed necessary when, if the owner or related party had not performed said function, the facility would have had to employ another person to perform that function. To be necessary, a function must pertain to direct or indirect activities in the provision or supervision of contracted resident services.

The test of reasonableness requires that the compensation of owner-employees and other related-party employees be such an amount as would ordinarily be paid for comparable services performed by non-owners or unrelated parties.

Reasonable compensation is limited to the fair market value of services rendered by the owner-employee or other related-party employee in connection with resident care. Education and experience of the owner are pertinent only as they relate to the job being performed and the services being rendered, in this case, attendant/medication aide/driver services.

**NOTE:** Record all monetary amounts rounded to the nearest whole dollar (with no zeros included for cents).

## **PART 1 - COMPENSATION**

**Name** - Enter the name (Last Name, First Name, and Middle Name/Initial) of the owner-employee or the related-party employee.

**Title** - Enter the title of the owner-employee or other related-party employee. The title must correspond to the title indicated on the organizational chart submitted.

**Type of Position** - Enter the type of position filled by the owner-employee or other related-party employee. Only attendant/medication aide/driver positions should be included in this Request for Revision Report.

**Location of Position Within Organizational Structure** - Enter the location of the owner-employee's or other related-party employee's position within the organizational structure (i.e., facility, contracting entity, a controlling entity, or parent company/sole member/related-party management company). The location of position should relate to the organizational chart(s) submitted.

**Description of Duties** - Write a description of the duties performed by the owner-employee or other related-party employee as they relate to the specific Request for Revision Report or attach and properly cross-reference a copy of the person's written job description and provide a summary of how those duties relate to the specific Request for Revision Report. See 1 TAC§355.105(b)(2)(B)(xi). Only attendant/medication aide/driver positions should be included on this Request for Revision Report.

**Relationship to Provider** - Enter the owner-employee's or other related-party employee's relationship to the contracted provider. If the schedule is being completed for an owner-employee, indicate that the employee is an owner and describe the type of ownership (e.g., owner-sole proprietor; owner- % partner; owner- % stockholder). If the schedule is being completed for a related-party employee other than the owner, identify the relationship (e.g., husband of owner-sole proprietor; daughter-in-law of % partner; brother of % stockholder). If the schedule is being completed for a member of the Board of Directors (related through control), identify that fact in this item.

**Direct Costing Method** - If the services provided by this employee benefited more than the contract for which an RFR is being completed, the employee's salary must be directly charged based upon timesheets. Describe the basis upon which the compensation has been directly charged to this report or between line items. For example, you might state that the salary has been directly charged based upon daily timesheets.

**Percentage of Ownership** - If the schedule is being completed for an owner-employee, enter the percentage of ownership for that employee. If the schedule is being completed for a related-party employee who has no ownership interest, enter "0" as the ownership percentage. If the schedule is being completed for a related-party employee who is the spouse of an owner in a community property state, indicate the same ownership percentage as the owner.

**Number of Hours Worked** - Report the number of hours worked during the cost-reporting period by the employee in order to earn the total compensation reported in item 8. In other words, if the total compensation were divided by the hours worked, the result would be the employee's average compensation per hour.

## **PART 2 – DIRECT COSTING OF COMPENSATION**

**Breakdown of Total Compensation** - Provide a breakdown by business component of how the total allowable attendant compensation was directly charged. Compensation should be directly charged to each business entity based on the level of effort involved in providing services to or working for the entity and supported by daily timesheets.

The reported compensation for the owner-employee or other related-party employee must include the compensation received from all business entities (components) that benefit from his/her effort or work. If the business component has a state of Texas vendor/provider number, report the number in the business component blank (e.g., PHC #XXXXXXXXXX; DAHS #XXXXXXXXXX; DBMD #XXXXXXXXXX; CLASS #XXXXXXXXXX).

Compensation includes regular salary, overtime pay, bonuses and any other forms of compensation subject to payroll taxes, as well as any accrued compensation that had not been paid to the employee at the end of this reporting period. (Note: Accrued expenses must be paid within 180 days after the end of the reporting period in order to be allowable for reporting purposes.)

**Total Compensation** - The amount indicated as the Total Compensation is automatically calculated based on the amounts reported for each business component.

**Percent of Total Hours** - Report the percentage of the employee's total hours in Part 1 that has been directly charged to this report. Report the percentage with two decimal places (i.e., 33.33%).

**Percent of Total Compensation** - Report the percentage of the total employee compensation calculated in Part 2 that has been directly charged to this report. Report the percentage with two decimal places (i.e., 33.33%).

**Associated Services Salaries & Wages** - Select the service type from the drop-down list and report the salaries and wages of the owner-employee or other related-party employee.

# **Certification Pages**

## **Report Certification**

This page must be completed and signed electronically by an individual legally responsible for the conduct of the provider, such as an owner, partner, Corporate Officer, Association Office, governmental official or L.L.C. member.

Multi-contract organizations participating as individuals may submit one RFR containing original signatures. All other reports submitted by the multi-contract provider can be submitted with copies of the original certification page. For multi-contract organizations that choose this option:

The original certification page must include a list of the 9-digit contract numbers of the reports being submitted with copies of the original certification page; and

The copies of the original certification page must indicate the 9-digit contract number of the report being submitted with the original certification page.

## **Methodology Certification**

This page must be signed electronically by the person identified on the cover page of this report as PREPARER. This person must be the individual who actually prepared the report or who has primary responsibility for the preparation of the report for the provider. Signing as PREPARER carries the responsibility for an accurate and complete report prepared in accordance with applicable methodology rules and instructions. Signing as PREPARER means that the preparer is knowledgeable of the applicable methodology rules and instructions and that the preparer has either completed the report himself/herself in accordance with those rules and instructions or has adequately supervised and thoroughly instructed his/her employees in the proper completion of the report. Ultimate responsibility for the report lies with the person signing as PREPARER. If more than one person prepared the report, an executed Methodology Certification page may be submitted by each preparer. Preparers should make note of the additional statement on Page 8, notifying preparers that they may lose their authority to prepare future reports if the reports are not prepared in accordance with all applicable rules, instructions and mandatory training materials.

# Definitions

## Accrual Accounting Method

Method of accounting in which revenues are recorded in the period in which they are earned, and expenses are recorded in the period in which they are incurred. If a provider operates on a cash basis, it will be necessary to convert from cash to accrual basis for reporting purposes. Care must be taken to ensure that a proper cutoff of accounts receivable and accounts payable occurred both at the beginning and ending of the reporting period. Amounts earned although not actually received and amounts owed to employees and creditors but not paid should be included in the reporting period in which they were earned or incurred. Allowable expenses properly accrued during the reporting period must be paid within 180 days after the end of the reporting period in order to remain allowable costs for reporting purposes. If accrued expenses are not paid within 180 days after the end of the reporting period, the expense is unallowable and should not be reported on the report.

## Attendant

The unlicensed caregiver providing direct assistance to the clients with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). The attendant may perform some nonattendant functions. In such cases, the attendant must perform attendant functions at least 80% of his or her total time worked. Other staff in these settings not providing attendant services at least 80% of their total time worked are not considered attendants. Time studies must be performed in accordance with §355.105(b)(2)(B)(i) for staff in the RC program that are not full-time attendants but perform attendant functions to determine if a staff member meets the 80% requirement. Failure to perform the time studies for these staff will result in the staff not being considered attendants. Attendants do not include the director, administrator, assistant director, assistant administrator, clerical and secretarial staff, professional staff, other administrative staff, licensed staff, attendant supervisors, cooks and kitchen staff, maintenance and grounds keeping staff and laundry and housekeeping staff. **Attendants include Medication Aides and Drivers who transport clients.**

## Attendant/Medication Aide/Driver Contract Labor

Non-staff attendants, medication aides and drivers who provide services to the facility intermittently, whose remuneration (i.e., fee or compensation) is not subject to employer payroll tax contributions and who perform tasks routinely performed by employees. Contract labor does not include consultants.

## **Contracted Provider**

The business component with which HHSC contracts for the provision of RC services.

## **Controlling Entity**

The individual or organization that owns the contracting entity.

## **Mileage Reimbursement**

Reimbursement paid to the attendant for the use of his or her personal vehicle and which is not subject to payroll taxes. Mileage reimbursement cannot exceed the reimbursement rate set by the Texas Legislature for state employee travel. (See Item 28 – Allocation of Expenses).

## **Related Party**

A person or organization related to the contracted provider by blood/marriage, common ownership, or any association which permits either entity to exert power or influence, either directly or indirectly, over the other. In determining whether a related-party relationship exists with the contracted provider; the tests of common ownership and control are applied separately. Control exists where an individual or organization has the power, directly or indirectly, to significantly influence or direct the actions or policies of an organization or institution. If the elements of common ownership or control are not present in both organizations, the organizations are deemed not to be related to each other. The existence of an immediate family relationship will create an irrefutable presumption of relatedness through control or attribution of ownership or equity interests where the significance tests are met. The following persons are considered immediate family for cost-reporting purposes: (1) husband and wife; (2) natural parent, child and sibling; (3) adopted child and adoptive parent; (4) stepparent, stepchild, stepsister, and stepbrother; (5) father-in-law, mother-in-law, brother-in-law, son-in-law, sister-in-law, and daughter-in-law; (6) grandparent and grandchild; (7) uncles and aunts by blood or marriage; (8) first cousins, and (9) nephews and nieces by blood or marriage. Disclosure of related-party information is required for all allowable costs reported by the contracted provider.

## **Workers' Compensation**

For reporting purposes, the actual costs paid by the contracted provider during the reporting period related to employee on-the-job-injury (such as commercial insurance premiums or the medical bills paid on behalf of an injured employee).

# State of Texas County Codes

| <u>County Name / Code</u> |
|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Anderson 001              | Crockett 053              | Hays 105                  | Mason 157                 | Shackelford 209           |
| Andrews 002               | Crosby 054                | Hemphill 106              | Matagorda 158             | Shelby 210                |
| Angelina 003              | Culberson 055             | Henderson 107             | Maverick 159              | Sherman 211               |
| Aransas 004               | Dallam 056                | Hidalgo 108               | McCulloch 160             | Smith 212                 |
| Archer 005                | Dallas 057                | Hill 109                  | McLennan 161              | Somervell 213             |
| Armstrong 006             | Dawson 058                | Hockley 110               | McMullen 162              | Starr 214                 |
| Atascosa 007              | Deaf Smith 059            | Hood 111                  | Medina 163                | Stephens 215              |
| Austin 008                | Delta 060                 | Hopkins 112               | Menard 164                | Sterling 216              |
| Bailey 009                | Denton 061                | Houston 113               | Midland 165               | Stonewall 217             |
| Bandera 010               | DeWitt 062                | Howard 114                | Milam 166                 | Sutton 218                |
| Bastrop 011               | Dickens 063               | Hudspeth 115              | Mills 167                 | Swisher 219               |
| Baylor 012                | Dimmit 064                | Hunt 116                  | Mitchell 168              | Tarrant 220               |
| Bee 013                   | Donley 065                | Hutchinson 117            | Montague 169              | Taylor 221                |
| Bell 014                  | Duval 066                 | Irion 118                 | Montgomery 170            | Terrell 222               |
| Bexar 015                 | Eastland 067              | Jack 119                  | Moore 171                 | Terry 223                 |
| Blanco 016                | Ector 068                 | Jackson 120               | Morris 172                | Throckmorton 224          |
| Borden 017                | Edwards 069               | Jasper 121                | Motley 173                | Titus 225                 |
| Bosque 018                | Ellis 070                 | Jeff Davis 122            | Nacogdoches 174           | Tom Green 226             |
| Bowie 019                 | El Paso 071               | Jefferson 123             | Navarro 175               | Travis 227                |
| Brazoria 020              | Erath 072                 | Jim Hogg 124              | Newton 176                | Trinity 228               |
| Brazos 021                | Falls 073                 | Jim Wells 125             | Nolan 177                 | Tyler 229                 |
| Brewster 022              | Fannin 074                | Johnson 126               | Nueces 178                | Upshur 230                |
| Briscoe 023               | Fayette 075               | Jones 127                 | Ochiltree 179             | Upton 231                 |
| Brooks 024                | Fisher 076                | Karnes 128                | Oldham 180                | Uvalde 232                |
| Brown 025                 | Floyd 077                 | Kaufman 129               | Orange 181                | Val Verde 233             |
| Burleson 026              | Foard 078                 | Kendall 130               | Palo Pinto 182            | Van Zandt 234             |
| Burnet 027                | Fort Bend 079             | Kenedy 131                | Panola 183                | Victoria 235              |
| Caldwell 028              | Franklin 080              | Kent 132                  | Parker 184                | Walker 236                |
| Calhoun 029               | Freestone 081             | Kerr 133                  | Parmer 185                | Waller 237                |
| Callahan 030              | Frio 082                  | Kimble 134                | Pecos 186                 | Ward 238                  |
| Cameron 031               | Gaines 083                | King 135                  | Polk 187                  | Washington 239            |
| Camp 032                  | Galveston 084             | Kinney 136                | Potter 188                | Webb 240                  |
| Carson 033                | Garza 085                 | Kleberg 137               | Presidio 189              | Wharton 241               |
| Cass 034                  | Gillespie 086             | Knox 138                  | Rains 190                 | Wheeler 242               |
| Castro 035                | Glasscock 087             | Lamar 139                 | Randall 191               | Wichita 243               |
| Chambers 036              | Goliad 088                | Lamb 140                  | Reagan 192                | Wilbarger 244             |
| Cherokee 037              | Gonzales 089              | Lampasas 141              | Real 193                  | Willacy 245               |
| Childress 038             | Gray 090                  | LaSalle 142               | Red River 194             | Williamson 246            |
| Clay 039                  | Grayson 091               | Lavaca 143                | Reeves 195                | Wilson 247                |
| Cochran 040               | Gregg 092                 | Lee 144                   | Refugio 196               | Winkler 248               |
| Coke 041                  | Grimes 093                | Leon 145                  | Roberts 197               | Wise 249                  |
| Coleman 042               | Guadalupe 094             | Liberty 146               | Robertson 198             | Wood 250                  |
| Collin 043                | Hale 095                  | Limestone 147             | Rockwall 199              | Yoakum 251                |
| Collingsworth 044         | Hall 096                  | Lipscomb 148              | Runnels 200               | Young 252                 |
| Colorado 045              | Hamilton 097              | Live Oak 149              | Rusk 201                  | Zapata 253                |
| Comal 046                 | Hansford 098              | Llano 150                 | Sabine 202                | Zavala 254                |
| Comanche 047              | Hardeman 099              | Loving 151                | San Augustine 203         |                           |
| Concho 048                | Hardin 100                | Lubbock 152               | San Jacinto 204           |                           |
| Cooke 049                 | Harris 101                | Lynn 153                  | San Patricio 205          |                           |
| Coryell 050               | Harrison 102              | Madison 154               | San Saba 206              |                           |
| Cottle 051                | Hartley 103               | Marion 155                | Schleicher 207            |                           |
| Crane 052                 | Haskell 104               | Martin 156                | Scurry 208                |                           |